| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

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| ✔ ........................... Rejected | N ........................... Non-elected | |
| = ........................... Allowed | I ........................... Interference | |
| − (Through numeral)... Canceled | A ........................... Appeal | |
| ÷ ........................... Restricted | O ........................... Objected | |

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet h re

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